FOR INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE SUMMARY PAGE	Reset I	orm	FORM DR-2	DISCLOSURE
COMMITTEE NAME (Must be same as on Statement of Orga GOODHUE FOR AMES CITY COUNCIL	nization)		(Rev. 07/2003)	REPORT
IMPORTANT: Indicate type of committee you are reporting for: (1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City (8) Support State of Candidates	(4)County/Local Candidate Central Committee		Logged In Scanned Computer	
CANDIDATE COMMITTEES ONLY:	Delitical Dest.		Audited	
Candidate Name Office Sought	Political Party District (if Senate or House)		DEC 22	<i>Π</i> ης
	•		₩ L	<i>003</i>
In w. Elenst	515-232-250	5		1103
SIGNATURE OF TREASURER (or person filing this report)	TELEPHONE		DATE S	IGNED
Late filed reports are subject to SEE INSTRUCTIONS ON BACK AND COMPLETE THE I AM FILING A DECEMBER 1, 2003 (report date) Indicate one 1	FOLLOWING SENTENC	<u>:E:</u>		FION YEAR.
CHECK IF AMENDMENT TO REPORT DATED		Local Co 11/04/	ommittees, enter D	ate of Election
		l	& Local Committee	s enter County in
Check if this is final (termination) report and attach Notice of (You must continue to file reports until a Notice of Diss	f Dissolution Form DR-3. solution is filed.)		lection is held	s, enter County in
STATEMENT	OF CASH ON HAND			
CASH ON HAND at the beginning of the reporting period. (This by the committee. This amount MUST be the same as of the last reporting period, or must be zero if this is fire			2,392.25	
ADD TOTAL MONEY TAKEN IN THIS PERIOD				
Schedule A: Cash Contributions total (Attach Schedu	le A) (*also see in-kind below)	50.00	
Schedule F: Loans Received total (Attach Schedule F	·)			
Schedule H: Total Sales of Campaign Property (Attac	h Schedule H)			
(Schedule H applies to Candidates' Comm	ittees Only)			
	SUB-TO	AL\$	2,442.25	
SUBTRACT TOTAL MONEY SPENT THIS PERIOD			2 442 25	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans be	elow)	2,442.25	
Schedule F: Loan Repayments total (Attach Schedule	; F)	•••••		
CASH ON HAND at the end of this reporting period (if final repo			-0-	
be zero) (Attach DR-3)		\$	·	
**UNPAID BILLS (From Schedule D - Attach Schedule D)		\$	-0-	
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Sched	ule E)	\$	-0-	
**OUTSTANDING LOANS (From Schedule F - Attach Schedule	e F)	\$	-0-	
CANDIDATE COMMITTEES ONLY:				
CONSULTANT BREAKDOWN (Schedule G Attached?)			YE	s 🛂 no
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attac	h Schedule H)	\$	s	

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
GOODHUE FOR AMES CITY COUNCIL

SCHEDULE		
Α	MONETARY	
(Rev. 07/03)	RECEIPTS	
CHECK THIS BOX IF AMENDING FORM		

Reset Form

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
	ID#	UNITEMIZED		•	
11/06/03	CK#			\$50.00	
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
			SUB-TOTAL	\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 1 1 (for Schedule A)

50.00

TOTAL (if last page of this schedule)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF NDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

GOODHUE FOR AMES CITY COUNCIL

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
11/17/03	ID# CK# ₅₁₃	DEB JENNINGS 25705 595th AVE NEVADA, IA 50201	POSTAGE REIMBURSEMENT	\$ 11.07
11/17/03	ID# CK# ₅₁₄	SIGLER PRINTING & PUB, INC 413 NORTHWESTERN AMES, IA 50010	YARD SIGN WIRE HANGERS	211.86
1/17/03	ID# CK#515	STEVE GOODHUE 3028 BAYBERRY ROAD AMES, IA 50014	POSTAGE REIMBURSEMENT	19.93
1/17/03	ID# CK# ₅₁₆	US POSTMASTER 525 KELLOGG AMES, IA 50010	POSTAGE	37.00
11/17/03	ID# CK# ₅₁₇	ACCESS EMERGNCY FUND PO BOX 1429 AMES, IA 50014	CONTRIBUTION OF BALANCE OF CAMPAIN FUNDS	2,162.39
	ID# CK#			
	ID# CK#			
	ID#			

TOTAL (if last page of this schedule) \$ 2 442

\$ 2,442.25

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.6(3)(i).)